

TRUANT ALTERNATIVE OPTIONAL EDUCATION PROGRAM -- R.O.E. #12

Applicant Referral/Case History Form

\* STUDENT INFORMATION

Student \_\_\_\_\_ Parent(s)/Guardian(s) \_\_\_\_\_

Student Information Number \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Ph.# (\_\_\_\_) \_\_\_\_\_ Contact Ph.#(\_\_\_\_) \_\_\_\_\_ (Work)

Has this student attended optional education before? \_\_\_\_\_ If yes, when \_\_\_\_\_

Has this student been referred to the truancy program before? \_\_\_\_\_, to Truancy Review Board? \_\_\_\_\_

Home School \_\_\_\_\_

<b>The following attendance information needs to be completed in order to determine student eligibility.</b>		
1 <sup>st</sup> Truancy Date _____	Baseline Days Truant (# of days truant in last year) _____	
_____	- _____	= _____
Days Enrolled	All Absences (T & EX)	Days Present
_____	/ _____	= _____
Days Present	Days Enrolled	Baseline Rate
<b>Go back 180 school days (approximately 1 calendar year) for attendance information.</b>		

\*Criteria for a student to be eligible for the TAOEP Program -- Please indicate all that apply and provide written documentation supporting the criteria you have indicated.

- Truancy – Student is absent without valid cause
- Chronic Truant – Student is absent without valid cause for 10% or more of the previous 180 days
- Potential dropout – Student whose absences or pattern of attendance impedes the student’s learning or contributes to the student’s failure.
- Dropout – Student whose name has been removed from enrollment roster without justifiable reason and who has not transferred to another public or private school

\* Documentation needed for Admission

- ⇒ Transcript(s)
- ⇒ Attendance Record (Current School year to date and last school year, if available)
- ⇒ Discipline Record (as complete as possible, including all infractions of rules & action taken)
- ⇒ Latest Standardized Test Scores
- ⇒ Last Report Card
- ⇒ Current Class Schedule (High School students)
- ⇒ Special Education Records or 504 Plan (if applicable)
- ⇒ Health Records and Birth Certificate (required for GED referrals only)
- ⇒ Free/Reduced documentation

\*Related Services - Please indicate if you have knowledge of this student's involvement with any of the following:

Co. Health Dept. Counseling \_\_\_\_\_ Court Probation/Supervision \_\_\_\_\_ Free or Reduced Priced Lunch \_\_\_\_\_ (Please provide documentation)  
Special Education (Specify) \_\_\_\_\_

\* REFERRAL IS FOR (Check all that apply)

Attendance/Credit \_\_\_\_\_ G.E.D. \_\_\_\_\_  
If for Attendance/Credit, which subjects? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\* Referred by: \_\_\_\_\_ Position \_\_\_\_\_

\* Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGIONAL SAFE SCHOOLS PROGRAM -- R.O.E. #12**  
**Applicant Referral/Case History Form**

~ **STUDENT INFORMATION**

Student \_\_\_\_\_ Parent(s)/Guardian(s) \_\_\_\_\_

Student Information System Number \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Ph.# (\_\_\_\_) \_\_\_\_\_ Contact Ph.#(\_\_\_\_) \_\_\_\_\_ (Work)

Home School \_\_\_\_\_

~ **Criteria for a student to be eligible for the Safe Schools Program -- Please indicate all that apply and provide written documentation supporting the criteria you have indicated.**

- A student who has been suspended at least twice for gross misconduct (current school year suspensions).
- A student eligible for expulsion.
- A student who has been expelled but has been readmitted in order to attend RSSP.

~ **Home School making referral must attach copies of the following documents for Admission:**

- Transcript(s) (Elementary, Junior High School, High School include all that apply to the student)
- Attendance Record (Current School year to date and last school year, if available)
- Discipline Record (as complete as possible, including all infractions of rules & action taken)
- Latest Standardized Test Scores
- Last Report Card
- Current Class Schedule
- Special Education Records or 504 Plan (if applicable)
- Health Records and Birth Certificate (required for GED referrals only)
- Documentation of Safe School Eligibility Criteria
- Free/Reduced Documentation

~ **Related Services - Please indicate if you have knowledge of this student's involvement with any of the following:**

Co. Health Dept. \_\_\_\_\_ Court Probation/Supervision \_\_\_\_\_ School Free or Reduced Priced Lunch \_\_\_\_\_ (Please provide documentation)  
 Special Education (Specify) \_\_\_\_\_

~ **REFERRAL IS FOR (Check all that apply)**

- \* Credit \_\_\_\_\_ G.E.D. \_\_\_\_\_
- \* If credit, which subjects? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

~ Referred by: \_\_\_\_\_ Position \_\_\_\_\_

~ Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>The following attendance information needs to be completed in order to determine student eligibility.</b>		
1 <sup>st</sup> Truancy Date _____	Baseline Days Truant (# of days truant in last year) _____	
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